



Mental Health in the Asian American Community



CONTEXT

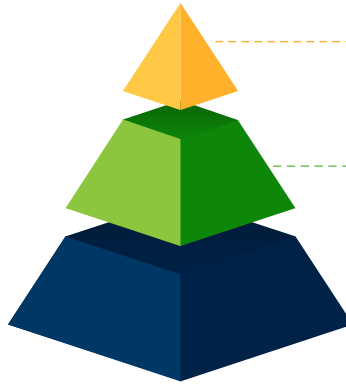
Goal: Korean Service Center contributes to closing the gap in unintentional injury and violence for Asian Americans living in the greater Twin Cities. This work is achieved through a partnership between the Korean Service Center, SEWA-Asian Indian Family Wellness, Karen Organization of Minnesota, and the Korean Adoptees Ministry Center (KAM).

Causes: Racism and discrimination caused long-standing disparities employment, income/wealth, housing, and access to health care, transportation, social connections and support that directly affect health.

Population: 244,375 Asian/Asian Americans live in the Twin Cities 7-county metro area.

Issue: A community conducted survey by KAM revealed that 23% of Korean adoptee females attempted suicide. International adoptees in general are more likely to have mental health problems that can lead to self-inflicted harms and suicide, often stemming from issues with identity. Suicide is the sixth leading cause of death for Asian Americans in Minnesota and tenth for whites.

APPROACH



Offering community-based workshops, conversations, and outreach for families and individuals to learn skills and knowledge related to communication, mental health, anger management, the effects of trauma, and connections to resources.

Training community leaders and staff in community-serving agencies to recognize and respond to depression and other mental health concerns.

ROOT CAUSES/ CONDITIONS FOR HEALTH

Addresses the social and economic conditions for health (also known as the social determinants of health). This often happens by changing local, regional or state policy, changing the way systems work or changing the environment.

ORGANIZATIONAL/ INSTITUTIONAL CHANGE

Addresses a health area by changing policies or systems in a school, clinic, hospital, etc. to support healthy behaviors and individual risk/protective factors.

HEALTH PROMOTION/ DIRECT SERVICE

Addresses individual or family-level risk/protective factors through health education, programming, case management, etc.

"...I gained a lot from this training. I recommended this program to my family and friends and shared what I learned."

– workshop participant

IMPACT

- 15 staff and community leaders trained in suicide awareness and intervention
- 2,700 culturally appropriate mental health brochures published and distributed in four languages
- 517 Asian Indians, Korean adoptees, Karen Burmese, and Korean community members participated in culturally-specific workshops to increase knowledge about stress management and depression

96% of professionals trained increased knowledge of warning signs and how to talk to people with suicidal thoughts





The Korean Service Center provides supportive resources and services to Koreans and other immigrant-Americans with an emphasis on wellness, advocacy, community education, and adjustment.

PRIORITY HEALTH AREA SPOTLIGHT

Unintentional injuries and violence-related injuries can be caused by a number of events including motor vehicle crashes, falls, house fires, poisonings, drownings, self-inflicted harm, sexual violence, and suicides. Since 2011, deaths by suicide have increased in number each year among Minnesotans, with suicide being the sixth leading cause of death for Asian Americans, seventh among American Indians and Hispanic/Latino, and tenth among whites.

Collective Impact: 12,035 individuals were reached through the work of two grantees addressing this priority health area in 2017-18. The proportions of individuals reached by race/ethnicity are shown in the figure below.



EHDI grantees addressing unintentional injuries and violence identified common measures to track and report. Collective results include:

- ★ 267 mental health screenings
- ★ 68 identified as needing follow-up visits from screenings

MDH ELIMINATING HEALTH DISPARITIES INITIATIVE

The Eliminating Health Disparities Initiative (EHDI) grant program was created to address health inequities for populations of color and American Indians across eight different priority health areas. Since 2001, the EHDI approach has been to support organizations and projects run by and for communities of color and American Indians to develop and implement strategies that are effective in reaching their communities. Every few years, the program reallocates the competitive grants to organizations and tribes across the state of Minnesota. The current grant cycle is from 2016-2019.